DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 02/24/2006

Provider Inspection Summary

For the period 01/01/2003 to 12/31/2005 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: EVERGREEN VILLAGE (0010556)
Address: 611 HARRIMAN AVE S, AMERY, WI 54001

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095464 End Date: 08/22/2005 Type: STANDARD Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0092616 End Date: 05/25/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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